



Integrated System News Bulletin

HIPAA 5010

Attention: Local Plan SD/MC Providers

STOP – Impact on You

The Department of Mental Health (DMH) is pleased to announce that the Integrated Systems (IS) complies with the new Health Insurance Portability and Accountability (HIPAA) 5010 transaction standard for submitting claims mandated by the Centers for Medicare and Medicaid Services. On March 29, 2012 DMH implemented modifications to the Integrated System (IS) for Direct Data Entry (DDE) claiming and on April 2, 2012 the implementation was extended to the Electronic Data Interchange (EDI) claiming to comply with the HIPAA 5010 standard. This bulletin illustrates how these changes affect the submission of claims in the IS.



CAUTION – What You Need to Know

- **Client Information – Contacts Tab**

The Client Information screen has been modified to expand the ZIP code field from 5 digits to 9 digits, it is recommended to add the extension to ZIP code when ever possible. The first five digits of the ZIP code field are required. It is also very important to identify "Transient/Homeless" clients by selecting the box when the client is homeless.

Client Information- Contacts tab screen

A screenshot of the "Client Information" screen in the Integrated System, specifically the "Contacts" tab. The screen has a header bar with "Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH" and navigation tabs: "Home", "Clinical" (selected), "Administrative", "Plan", and "CIOB". Below the header, a blue bar displays "7080-KEDREN CMH:7080I-KEDREN CMHC" and a user name "srodriguez". The main title "Client Information" is on the left, with a help icon (?) on the right. A sidebar on the left lists "Options": "Return", "Change Provider", "Find Client", "Daily Log", "View Episodes", and "Check Eligibility". The "Contacts" tab is selected, showing fields for "ClientAddress": "Transient/Homeless" (with a checkbox), "Time Homeless" (dropdown), "Address 1", "Address 2", "City", "County" (dropdown), "State" (dropdown), "Zip" (with a red box around the last four digits and a "--" separator), "Phone: (h)" and "(w)", and "Address Memo". Below these is the "Other Contacts" section.

- ***Outpatient, & Day Treatment Service screens***

The Outpatient and Day Treatment Service screens have been modified to include two new fields displayed as checkboxes labeled:

- Patient Signature Not Available - Field Not Required
- Provider Signature on File – Field Required

These new fields are defined by Department of Mental Health - Quality Assurance in the QA Bulletin dated March 23, 2012, No. 12-02. Based on the bulletin checking the Patient Signature Not Available box indicates that the client's signature was generated by the provider on behalf of the client. The bulletin also states, when checking the required Provider Signature on File box *confirms* that there is a signature on file verifying that the service is true and accurate. Images of the screens are included in this bulletin, see below.

Outpatient Service screen

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7057-DOWNTOWN MENTAL:7057B-DOWNTOWN -OUTP

Add Outpatient Service

Options: Return, Check Eligibility, Claim

RP: [dropdown] Txnmy: [icon] DOS: [dropdown]

Procedure Code: [dropdown]

Place Of service: [dropdown]

Face To Face Time: [0] Hrs [] Minutes

Other Time: [0] Hrs [] Minutes

Evidence Based Practice: [dropdown]
00-No EBP/SS
01-EBP ACT
10-EBP MST
11-EBP FFT
2A-Brf Strat FamTher
2B-CPP Chld-Prnt Ther

Telephone ☐ Col: []

Patient Signature Not Available ☐ Provider Signature On File ☐

Additional Participating Staff

Day Treatment Service screen

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080S-KEDREN CMHC slrodriguez

Add Day Treatment Service

Options: Return, Check Eligibility, Claim

RP: [dropdown] Txnmy: [icon] DOS: [dropdown]

Procedure Code: [dropdown]

Place Of service: [dropdown]

Service Units: [] Col: []

Evidence Based Practice: [dropdown]
00-No EBP/SS
01-EBP ACT
10-EBP MST
11-EBP FFT
2A-Brf Strat FamTher

Telephone: ☐

Patient Signature Not Available ☐ Provider Signature On File ☐

Additional Participating Staff

NOTE: The **Medicare Certified** checkbox was removed from both Outpatient & Day Treatment Service screens.

Other Time: [0] Hrs [] Minutes []

Telephone ☐ Col: [] **Medicare Certified** ☐

Additional Participating Staff

[]

Name	Hours	Minutes
------	-------	---------

01-EBP ACT
10-EBP MST
11-EBP FFT
2A-Brf Strat FamTher
2B-CPP Chld-Prnt Ther

- **Outpatient & Day Treatment Other Payer screens**

The Outpatient and Day Treatment Other Payer screens have been modified to include two new fields labeled:

- Payer Responsibility – Field required
- Insurance Type Code – Field required when Medicare is the Secondary Payer for the claim.

The Payer Responsibility identifies the client's insurance carrier's level of responsibility for the claim entered as 1 for *Primary*, 2 for *Secondary*, 3 for *Tertiary*, and so forth depending on the number of payers the client may have. The Insurance Type Code needs to be reported on the claim when Medicare's level of responsibility is secondary (2), meaning that the client's Other Insurance is primary (1) for the claim.

Outpatient & Day Treatment Other Payer screen

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7057-DOWNTOWN MENTAL:7057B-DOWNTOWN -OUTP

Other Payer

Options

Payer: [] Payer Responsibility: []

Return Insurance Type Code: []

SubscriberID: [] Amount Paid: []

Payment Date: [] Auth Code: []

Adjustments:

GroupCode: []

Reason: []

Amount: []

Quantity: []

Group	Reason	Amount	Quantity
1			

Add >>

Save Cancel

- ***Inpatient Episode Admission screen***

The Inpatient Episode Admission screen has been modified to include a new required field labeled:

- Point of Origin – Field Required

The Point of Origin code indicates where the client came from prior to presenting at the facility or who has recommended the client for admission.

Inpatient Episode Admission screen

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1962-LAC HARBOR UCLA:1962I-LAC HARBOR UCL srodriguez

Open Inpatient Episode

Options: Return

Admission

Admit Date: Procedure Code:

Referral In Code:

Referral In Provider:

Intent Of Service:

Primary Problem Area:

Ward: Patient File #:

Point Of Origin:

Legal Status:

Treatment Authorization For Minor:

Phys Disabled? 0 Dev Disabled? 0

Dual Diagnosis?

Primary Contact:

Continue

- ***Inpatient Service screen***

The Inpatient Service screen has been modified to include four new required fields labeled:

- Facility Type Code - Field Required
- Type of Admission - Field Required
- Patient Status Code – Field Required
- Provider Signature on File – Field Required

Inpatient Service screen

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD srodriguez

Add Inpatient Service

Options: Return, Check Eligibility, Claim

RP: Txnmy:

Procedure Code:

Start Date: End Date:

Facility Type Code:

Authorization:

Type of Admission:

Patient Status Code:

Evidence Based Practice: 00-No EBP/SS, 01-EBP ACT, 10-EBP MST, 11-EBP ACT

Provider Signature On File

The Facility Type Code identifies where services were rendered, this field used to be *Place of Service*. The Type of Admission identifies the priority of the admission or visit to the facility, this field used to be *Necessity* on the Admission tab of the Episode screen and has been moved to the Inpatient Service screen. The Patient Status Code identifies the disposition or discharge status of the patient, this field used to be on the Discharge tab of the Episode screen and has been moved to the Inpatient Service screen. The Provider Signature on File again as stated in QA Bulletin confirms that there is a signature on file for the provider verifying that the services are true and accurate.

- ***Inpatient Other Payer screen***

The Inpatient Other Payer screen has been modified to include one new required field labeled:

- Payer Responsibility - Field Required

The Payer Responsibility identifies the client's insurance carrier's level of responsibility for the claim entered as 1 for *Primary*, 2 for *Secondary*, 3 for *Tertiary*, and so forth depending on the number of payers the client may have.

Inpatient Other Payer screen

The screenshot displays the 'Other Payer' screen within the Los Angeles County Department of Mental Health system. The interface includes a navigation bar with tabs for Home, Clinical, Administrative, Plan, and CIOB. The current screen is titled 'Other Payer' and features a sidebar with 'Options' and 'Return' buttons. The main form area contains several input fields: 'Payer' (a dropdown menu), 'SubscriberID', 'Payment Date', 'Amount Paid', 'Auth Code', and 'Payer Responsibility' (which is highlighted with a red rectangular box). Below these fields is an 'Adjustments' section with 'GroupCode', 'Reason', 'Amount', and 'Quantity' fields. An 'Add >>' button is located below the adjustments section. At the bottom of the form are 'Save' and 'Cancel' buttons. A table with columns 'Group', 'Reason', 'Amount', and 'Quantity' is also visible, containing a single row with the value '1' in the 'Group' column.

Group	Reason	Amount	Quantity
1			

GO – What You Need to Do

Visit the IS Website to review the HIPAA 5010 Training Presentation for an in depth explanation of all HIPAA 5010 edit messages or click on the link below.

http://lacdmh.lacounty.gov/hipaa/documents/5010ISScreenModifications_030112.pdf

Review the DMH-QA Bulletin No. 12-02 for questions on the following new fields:

- Patient Signature Not Available
- Provider Signature on File
- Facility Type Code
- Type of Admission
- Patient Status Code

http://file.lacounty.gov/dmh/cms1_176106.pdf

Review the updated reference material:

- EDI Deny Reason Cheat Sheet – click on link

http://lacdmh.lacounty.gov/hipaa/documents/DenyRuleCheatSheet_5010.pdf

If you have any questions regarding new edits and/or business rules in the IS, please contact the Help Desk at (213) 351-1335.

If you have billing questions, please contact the Revenue Management Division by phone at (213) 480-3444 or by email at RevenueManagement@dmh.lacounty.gov.